CLAYTON URBAN DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

FOR THE YEAR 1896.

To the Chairman and Members of the Council acting as the Urban Sanitary Authority.

GENTLEMEN,

I have the honour to submit to you the following report for the year 1896.

Births.—According to the returns furnished by the Registrar, (Mr. R. Horsfall), the number of births registered in the Clayton Urban Sanitary District during the twelve months ending Decr. 31st, 1896, was 113, of these 10 were born in the workhouse, 5 male and 5 female, leaving 103 as the number of births in the Urban District, giving a birth rate of 20·89 per 1000 per annum.

I find on referring to the birth rates since 1888, that the one for 1896 is the lowest recorded, the highest being in 1884, viz: 28·6. The increase of births over deaths, which represents the natural increase of the population, was 47, as against 49 during 1895.

Of 13 illegitimate births 10 occurred in the workhouse.

Deaths.—The number of deaths registered during the same period was 116, 74 being male, 42 female. Of these 60 died in the workhouse, leaving 56 for the Urban district, 33 males and 23 females. 3 residents died in the workhouse, bringing the total up to 59, which equals a death rate of 11·96 per 1000 per annum, which is the lowest death rate recorded for this district, so far as I am able to ascertain. Last year it was 12·6, and the year before 16·6.

The birth and death rates for last year have been calculated on an estimated population of 4930 to the middle of the year.

Density of Population.—The average density of population for 1896 is estimated at 4·1 persons per acre. The density of population of the 33 largest towns in England ranges from 8·3 in Huddersfield, to 97·3 persons per acre in Liverpool.

The distribution according to age of the above 59 deaths was as follows : (see Table A).

Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards.
16	4	2	5	16	13

Remaining 3 died in the workhouse.

Causes of Death.—The principal causes of death will be seen from the following table :

Zymotic Diseases.		
Scarlet Fever	2	
Typhoid Fever	1	
Puerperal Fever	1	
Whooping Cough	2	
		6
Constitutional Diseases.		
Phthisis	6	
Cancer	4	
Pernicious Anæmia ...	1	
Talies Meseuterica ...	1	
		12
Local Diseases.		
Nervous Diseases		
Apoplexy	1	
Convulsions	11	
		12

Blood Vascular System.		
Heart Disease	4	
		4
Respiratory Diseases.		
Croup	2	
Bronchitis	3	
Pneumonia	3	
Pulmonary Congestion	2	
,, Atelectasis	1	
Empyema	1	
		12
Digestive System.		
Gastritis	1	
Intestinal Obstruction	1	
		2
Developmental System.		
Defective development	2	
Old age	6	
		8
		56
Residents dying in the Workhouse		3
	Total	59

Infantile Mortality.—The infantile mortality, measured by the deaths under one year of age to births registered, was 155·2 per 1000 per annum. During the preceding year the proportion of deaths to registered births was 155 per 1000, whilst in 1894 it was 109, and in 1893 116. On comparing the infantile mortality for the last 4 years it will be seen that it was much higher in the last two years than in the corresponding preceding period.

The number of infants who died during last year, under the age of one year, was 16; during 1895 it was 18. The causes of death were as follows:

Convulsions	8
Bronchitis	1
Gastritis	1
Whooping Cough	2

Premature Birth ...	2
Pulmonary Atelectasis ...	1
Croup	1
	16

The increased infantile mortality during the last two years is a fact to be deplored, and is chiefly brought about by diseases induced by improper feeding.

The question of infantile mortality is closely connected with infant feeding, as it has been shown that this mortality is considerably less in countries where the mothers feed their offspring at the breast. During the siege of Paris, when the general mortality of the inhabitants was doubled, that of infants fell 40 per cent., simply from the fact that the mothers were compelled from force of circumstances to suckle their children, and the same thing was observed in England during the Lancashire Cotton Famine.

But as many mothers are constitutionally unable to suckle their children, it ought at least to be the duty of a Sanitary Authority to see that a pure supply of cow's milk is readily available, and that their houses are in a fit state for human habitation.

Zymotic Death Rate.—During the year there were 6 deaths from the principal Zymotic diseases, equal to a death rate of 1·22. Last year it was 0·81.

Phthisis Death Rate.—Consumption caused 6 deaths, as against 5 in 1895, the death rate in 1896 being 1·22 per 1000 per annum. Last year it was 1·02.

Cancer.—This disease caused 4 deaths in 1896. Neck 1, Oesophagus 1, Bladder 1, Uterus 1.

Respiratory Diseases.—These were accountable for 12 deaths, chiefly from Bronchitis and Pneumonia ; the death rate was 2·44 per 1000 per annum. In 1895 it was 1·6,

Inquests.—No coroner's inquiry was held during 1896 in the village. 7 were held in the workhouse.

Housing of the Working Classes Act.—No house has been reported to your Medical Officer as being unfit for human habitation. Two houses which had been in a very bad condition for some time, collapsed on Christmas eve, happily without any casuality, and the occupiers of the adjacent house have since left it, as being unsafe.

Infectious Diseases.—The following is a list of the Infectious diseases notifiable under the act:—Small Pox, Diphtheria, Scarlet Fever, Erysipelas, Typhoid Fever, Enteric Fever, Relapsing Fever, Continued Fever, Puerperal Fever, and Cholera. Measles, Whooping Cough and Diarrhœa are not notifiable under the act.

The following is a list of the diseases notified, under the above act, for the year 1896, as compared with the two previous years:

	1896.	1895.	1894.
Scarlet Fever	22	2	51
Typhoid Fever	1	3	...
Puerperal Fever	1	1	...
Erysipelas	4	16	2
Croup	2	...	1
Diarrhœa	...	...	4
Small Pox	...	...	1
	30	22	59

In 1894 Diarrhœa was notifiable on account of the severe cholera epidemic on the continent; in 1895 and 1896 it was not notifiable.

Of the 22 cases of Scarlet Fever reported to me 2 died. In cases where isolation was not satisfactory the hospital was recommended, but I find a general unwillingness on the part of parents to send their children away from home during sickness.

The single case of Typhoid Fever died. Every endeavour was made to trace or to find cause for the infection, the milk supply and drainage being especially gone into, but with negative results.

All houses where Scarlet or Typhoid Fevers had occurred were visited by your Sanitary Inspector and efficiently fumigated. Of the 30 cases of Infectious disease reported, all occurred in the Sanitary District, with the exception of one of Erysipelas in the workhouse.

Whooping Cough, Measles, and Mumps were prevalent during the spring of the year, but not to such an extent as to constitute an epidemic.

During the month of July 8 cases of Scarlet Fever occurred in a new row of houses on the Station Road, a number much in excess of that confined to any other single street in the village. I suspect the drainage in these cases, as I have had frequent complaints of the bad smells which have prevailed in these houses during the summer months.

Sanitary Work.—During the year 21 new houses have been built, all of which are supplied with town's water, and I am pleased to say that all the houses at Town Bottom, which got their water supply from an adjacent well, are also supplied with town's water. There remain at present very few houses in the village which have not a thoroughly reliable water supply. It is also a noteworthy fact that not a single nuisance remained in hand at the end of the year, 17 having been abated during the preceding twelve months.

I notice that 25 dry middens have been constructed during the year. It is a great pity that the instructions and recommendations of the Medical Officer of Health are not more strictly adhered to in the construction of these places, which are, in many instances, little better than cesspools, and may on account of their faulty structure be very potent factors in spreading infectious diseases, more particularly such as arise from bad smells, &c.

By far the great majority of privy middens in this village are of faulty construction. In almost all of them the bottom is some distance below the surface of the ground, and practically all of them are liable to leakage,and where liquid does not percolate into the soil, it is very frequently to be seen oozing through the wall, and finding its way on to the footpaths in the street. These facts surely point out that the Council should enforce the proper construction of these receptacles ; not one should be allowed to go below the surface, the bottom of each should be cemented, and the walls also, to an height of 1½ to 2 feet, so as to be quite impervious to liquids. Section 40, of the Public Health Act, requires that all drains, closets, ashpits, and cesspools, are properly constructed and kept.

It is a pity that the present system has been so largely adopted; a much better plan would be the universal use of 'tipplers' and seeing that the new drainage scheme is so soon to be commenced, it would be, in my opinion, the wisest course to adopt this method of disposal of household sewage. In the event of the sewage not being removed by water, the next best thing is the adoption of the pail system, which ensures the removal of the excreta more frequently than is now the case. It may be at an increased expense, but we should gain an advantage in other ways.

The present filthy manner of emptying closets is alike an offence against civilisation and the sound principles of Hygiene. The great fallacy of the system, is that the closets are not emptied until the ashpits are full. In many cases it takes some months to fill the ashpits, during which time the closets should have been emptied many times. If the pail system were adopted it would be possible to change them throughout the village in a very short time, and the sale of the excreta for manurial purposes would go some way towards defraying the extra expense incurred.

There are several modifications of the pail system. In Halifax the Goux system is in use, and is found, I understand, to work perfectly satisfactorily. I have drawn particular attention to this matter, because it is one of vital importance as affecting the health of the whole neighbourhood, and the development of the place as a residential district. Once we get a satisfactory system of removal of household sewage, there remains little or nothing to make this an ideal residential part from a health point of view, and there is no reason why the very low death rate of 1896, (the lowest of which I can find any record), should not be still lower.

I am sorry to say that owners of property do not adopt the best method of jointing and laying the drain pipes in connecting the houses with the main drains. Instead of laying them on a firm basis, and using cement in the jointing, they are laid on loose soil, and clay is used at the joints. The danger is that in the latter case there is chance of the loose bed becoming disturbed, and the soft nature of the joint causes it to give way, and there is at once an escape of sewage into the soil, the ultimate evil results of which it is not easy to calculate.

It is to be sincerely hoped that the Council will adopt and enforce a system of Bye-Laws, based on the model bye-laws which have been prepared by the Local Government Board.

Tables A, B, and C will be found enclosed.

I am, gentlemen,

Your obedient servant,

GEORGE H. OLIVER,

M.R.C.S., ENG., L.R.C.P., LOND., L.S.A., LOND.

Medical Officer of Health.